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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No.	VTN 568 CIP1
(only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor	Neely, Frank
		Title	ANTIMICROBIAL CONTACT LENSES AND METHODS FOR THEIR PRODUCTION
		Express Mail Label No.	ER 699794319 US
APPLICATION ELEMENTS <i>See MPEP Chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 41] (Preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets]		b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper	
5. Oath or Declaration [Total Pages] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		c. <input type="checkbox"/> Statement verifying identity of above copies	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATION PARTS	
18. <input checked="" type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: 10/028,400, filed 12/20/2001. Prior application information: Examiner Choi, Frank I. Group Art Unit: 1616 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 or <input type="checkbox"/> Correspondence Address below		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
Name: Philip S. Johnson, Esq. Address: Johnson & Johnson One Johnson & Johnson Plaza New Brunswick, NJ 08933-7003 USA		11. <input type="checkbox"/> English Translation Document (if applicable)	
20. TELEPHONE CONTACT Please direct all telephone calls or telefaxes to Karen Harding at: Telephone: (904) 443-3074 Fax: (732) 524-2808		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		13. <input type="checkbox"/> Preliminary Amendment	
NAME	Karen A. Harding	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
SIGNATURE		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
DATE	December 30, 2003	16. <input type="checkbox"/> Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other	

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FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	12-30-2003
	First Named Inventor	Neely
	Group Art Unit	1616
	Examiner Name	Choi, Frank I.
	Attorney Docket Number	VTN 568 CIP1

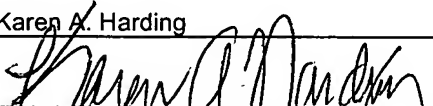
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	30 - 20 =	10	x 18.00	\$ 180.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 930.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/VTN568CIP1/KAH in the amount of \$930.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/VTN568CIP1/KAH. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Karen A. Harding	Reg. No. 33967
Signature		Date: 12-30-2003
		Deposit Account No. 10-0750

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: Johnson & Johnson Vision Care, Inc.

For : ANTIMICROBIAL CONTACT LENSES AND METHODS FOR THEIR
PRODUCTION

Express Mail Certificate

"Express Mail" mailing number: ER 699794319 US

Date of Deposit: 12-30-2003

I hereby certify that this complete application, including specification pages, claims, and informal drawings, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Alexandria, Virginia.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Kathy L. Willan

(Typed or printed name of person mailing paper or fee)


(Signature of person mailing paper or fee)